



Office of Senator Dianne Feinstein

FLAG ORDER FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUEST CONTACT NAME AND PHONE NUMBER: _____

Date you would like your flag flown over the Capitol: _____

(If date is specified, order should be received four weeks prior to date on which flag is to be flown.)

Person(s) or organization(s) for whom the flag will be flown: _____

Occasion (if any): _____

The price of the flags are as follows:

Size	Quantity	Type	Total
3' x 5'	x \$9.00	Nylon Flag	\$
3' x 5'	x \$9.25	Cotton Flag	\$
5' x 8'	x \$18.00	Nylon Flag	\$
5' x 8'	x \$20.00	Cotton Flag	\$
Flying & Certification	x \$4.05/flag	*****	\$
Shipping & Handling	x \$4.00/flag	*****	\$
Order Total			\$

Please make your check or money order payable to “**Keeper of the Stationery**” and return with completed form to the following address:

**Senator Dianne Feinstein
ATTN: Flag Request
331 Hart Senate Office Building
Washington, DC 20510-0504**

Due to the high volume of requests, please allow 8-10 weeks for processing and delivery.